

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/567756

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
			IND.	DEP.	IND.	DEP.	
	IND.	DEP.					
1	/		/				
2		/		/			
3		2			/		
4		1			/		
5		1			/		
6		1			/		
7		1			/		
8		1			/		
9		1			/		
10		1			/		
11		1			/		
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21		1			/		
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47							
48							
49							
50							
TOTAL IND.	1		1				
TOTAL DEP.	27	←	26	←			
TOTAL CLAIMS	28		27				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
			IND.	DEP.	IND.	DEP.	
	IND.	DEP.					
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.		↓			↓		↓
TOTAL CLAIMS							